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PROCEDURE (VI-G4): Placing Arkansas Children in Another State and Requesting Out-of-State Home Studies

The following are procedures to use when requesting an out-of-state home study for an Arkansas child, including placement into residential treatment facilities. Always use the child's name on the correspondence.

The **sending party** (county office, etc.) will compile an Interstate Compact Placement Packet consisting of:

- Cover letter or memo to the Arkansas Interstate Compact Office explaining placement plans as follows:
 - Request an evaluation of the proposed placement, home or facility.
 - Clarify legal status and court/Division plans.
 - Clarify financial planning (foster care payments are to be made, Medicaid coverage, etc.).
 - Specify special needs of the child (medical, educational, etc.).
- "Interstate Compact Financial / Medical Plan" (CFS-592)
- "Interstate Compact Placement Request" (CFS-445) (Retain one copy and include five copies with the packet.)
- Complete a thorough Social Summary including background information on the child and family. Include the following additional information if applicable:
 - "case plan" (CFS-6010)
 - psychological testing reports
 - school reports
 - medical reports
 - court order (most recent) showing that DHS has custody or the court has jurisdiction of the child
 - other appropriate reports/documents
- Send packet to Deputy Administrator, Interstate Compact Unit, P.O. Box 1437, Slot S567, Little Rock, Arkansas 72203-1437.

The **Arkansas ICPC Office** will:

- Send packet to receiving state's compact office.
- Notify sending party of disposition.
- Coordinate the travel plans with the Family Service Worker if placement is approved.

The **Family Service Worker** will:

- Complete and route the “Interstate Compact Report on Placement Status of Child” (CFS-446) to the ICPC office if the out-of-state placement is approved.
- Code the “Application for Emergency Services” (CFS-6013) to show ICPC service using the child’s name.
- Key the case type in CHRIS as “ICPC” for the child placed by the Division in another state.
- Notify the Adoption Services Unit of a proposed adoptive placement, if appropriate.

PROCEDURE (VI-G5): Children Entering Arkansas for Placement

Requests for placement include child placement, supervision of a child already in placement, or a request for a home study in Arkansas. All such requests and related phone calls must go through the ICPC office.

- Requests from sending state should include the same information described as the Interstate Placement Packet and outlined in Procedure VI-G4.
- Contact the Arkansas ICPC Deputy Administrator if additional information is needed from the sending state.

Exclusions to these procedures include the following:

- Protective Services referrals from another state.
- Requests for information only.
- Placements into certain hospitals, parental/relative placements, placements made through another Compact and divorce/custody cases.

The disposition of requests is as follows:

- Requests for home studies of parents, relatives, or foster homes received in the ICPC office will be forwarded to the appropriate County Office for a reply.
- Requests for home studies regarding adoptive placements from state agencies will be forwarded to the appropriate Area Manager for forwarding to the Adoption Specialist.

PROCEDURE (VI-G6): Completion of a Home Study

The **Family Service Worker** will:

- Complete a thorough home study, excluding the results of the criminal records check, with a definite recommendation within thirty (30) working days of a request.
- Notify the ICPC office if there is to be a delay.

POLICY (VI-I) FOSTER CHILD TRUST ACCOUNTS

The Department of Human Services (**DHS**) maintains Trust Accounts for children in foster care who receive Supplemental Security Insurance (**SSI**), Social Security (**SSA**), Child Support, Veterans Benefits (**VA**), Railroad Benefits (**RR**) or any type of income. These benefits will automatically be used to pay for the child's foster care expenses, which includes the monthly board payment. DHS will become the payee for all benefits collected.

DCFS must ensure that changes in payee are made when a child receiving benefits initially enters foster care. The IV-E/Medicaid Eligibility Unit will screen all DCFS clients for potential SSI eligibility according to SSA disability criteria and make applications for those who meet minimum requirements.

The child's trust fund account must not exceed \$2,000 to maintain state Medicaid eligibility, not exceed \$2,000 to maintain Social Security benefits, and not exceed \$10,000 to maintain Title IV-E eligibility. DCFS will coordinate the monitoring of Trust Fund accounts with the Office of Fiscal Management - General Operations Section, IV-E/Medicaid Eligibility Unit and other pertinent agencies to ensure the timely and efficient management of these accounts.

Authorized uses of different funds vary according to their sources. However, any expenditure from a foster child's trust account must be for the direct care and/or needs of the child in receipt of the income. Funds cannot be used for siblings, parents, or other individuals in the initial removal home. Authorized uses are as follows:

- **SSI Income** in a **Regular Account** has no restrictions; spending must be appropriately prioritized according to the child's needs and disability.
- **SSI Income** in a **Dedicated Account** may be used for the following with approval from the Social Security Administration:
 - (1) medical treatment, education or job skills training or
 - (2) if they pertain to an impairment –
 - (a) personal needs assistance
 - (b) housing modifications
 - (c) special equipment
 - (d) therapy or rehabilitation or
 - (e) other items / services if approved by the SSA.
- SSA Income and Child Support Income have no spending restrictions.

PROCEDURE (VI-I-1) OPENING A TRUST ACCOUNT

When the child enters foster care and is already receiving income, the **Family Service Worker** will:

- List the income source, amount and frequency on the application for Medicaid.

- Have the birth/legal parent(s) or guardian execute a CFS-491 (Consent for Use of Funds and Resources) and explain that without consent authorization, the child may accumulate excess funds which would make him ineligible for Medicaid. If permission is not given, obtain permission from the court to use conserved funds.
- Submit the change of payee forms to the appropriate agency(s) once the child is court ordered into foster care.
- Forward the CFS-376 (Authorization for Billing and Trust Account Action) and a memo containing the following information to the Trust Fund Coordinator:
 - Child's name, social security number, date of birth, race, and gender
 - Type of benefit
 - County
 - Date of request and begin date of income
 - Award amount
 - Back pay (optional)
 - CHRIS Case & Identification Number
 - Signature and telephone number of person submitting request

PROCEDURE (VI-I-2) CLOSING A TRUST ACCOUNT

To close a Trust Account when a child returns home, is emancipated, or adopted, the **Family Service Worker** will:

- Submit a the CFS-376 along with the CFS-334 (Foster Care Services – Authorization for Billing) requesting closure to the Trust Fund Coordinator containing the following information:
 - Child's Name, SSN, CHRIS case and identification number.
 - Name, telephone and signature of person submitting the request.
 - Name and address of the child's custodian/legal guardian, the relationship to the child.
 - Notation to return funds to the following once all outstanding bills are paid:
 - **Child**- if emancipated and the balance does not exceed \$2,000 in SSI/SSA funds.
 - **Social Security Administration** – if the balance of the account exceeds \$2000 in SSA funds, the account is a Dedicated Account, and anytime the funds are SSI funds.
 - **Parent/Legal Guardian** – for SSA account balances under \$2000 and child support income of any amount.
- Immediately request all outstanding bills from providers and forward to the Trust Fund Coordinator with appropriate documentation as soon as possible.
- Submit a change of payee request to the Social Security Administration or Office of Child Support Enforcement (OCSE) indicating the new payee/parent/guardian.

PROCEDURE (VI-I-3) CHANGE OF PAYEE REQUESTS

When a Family Service Worker becomes aware that a child entering care is **already receiving benefits** from SSA, SSI, VA, RR Benefits, Child Support or other income, the worker will:

- Notify the appropriate office that DHS/DCFS is the new payee: ** (see below)
 - For **Social Security** benefits – Submit a copy of the court order placing the child in foster care and the original of Form SSA 11 to the district SSA office. Obtain the form from the IV-E/Medicaid Eligibility Unit or the Social Security Administration office directly.
 - For **VA** benefits – Telephone or Fax the VA office with the primary recipient's benefit number and advise them that DHS/DCFS is the new payee.
 - For **RR** benefits – Contact the Benefits Department of the specific, individual railroad company to advise them DHS/DCFS is the new payee.
 - For **Child Support** – Submit a copy of the court order placing the child in foster care and an OCSE Referral Form to the Office of Child Support Enforcement.
- Submit a change of payee request to the appropriate agency(s), designating DHS/DCFS as the new payee.
- Designate the payee as follows: DHS Fiscal Administration for Foster Care
PO Box 8181,
Little Rock, AR 72203-8181
- Send a copy of the completed "Change of Payee" request to the IV-E/Medicaid Eligibility Unit to include in the child's record.
- If a contract facility (rather than DHS) is designated the payee for a child's income, that facility must submit a monthly report CFS-377 (Facility Trust Account Reporting) to the DCFS Foster Care Unit to include the following information:
 - Child's name and social security number
 - Beginning of the month balance
 - Deposits and expenses
 - End of the month balance

***** Under current policy, the only facilities authorized to become representative payee for Arkansas foster children are Arkansas Human Development Centers and Millcreek. Until policy is revised to state otherwise, no other facilities are to be made the payee for the income of children in Arkansas foster care.***

PROCEDURE (VI-I-4) REQUESTS FOR TRUST ACCOUNT FUNDS

To request trust account funds the **Family Service Worker** will:

- Complete the appropriate sections of CFS-334 indicating the amount and purpose for the funds being requested.
- Attach the original invoice or billing statement from the provider along with an original provider signature.
- Have the CFS-334 reviewed, approved and signed by the County Supervisor and/or Area Manager.
- Forward the **original** CFS-334 and **originals** of any required attachments to the Trust Fund Coordinator at Slot S567 within 7 days of the service or purchase date.
- In the event that the original invoice/receipt is lost, or a provider issues carbon copies of invoices as the client's original receipt, an agency generated Trust Account Invoice (CFS-380) must be utilized on a case by case basis.
- There is currently no mechanism in place to reimburse contract payments from trust accounts in the same manner currently utilized to reimburse board payments. Contract reimbursements will continue to be submitted on the CFS-334.

To request that trust account funds be held or conserved, the **Family Service Worker** will:

- Requests to hold/conservate trust account funds must be submitted to the Trust Fund Coordinator within 5 business days of the initial purchase on CFS-376 (Authorization for Billing and Trust Account Action) via fax, email or standard mail.
- A completed CSF-334 along with appropriate attachments must be forwarded to the Trust Fund Coordinator within 15 business days of the request to hold/conservate funds.
- Funds will not be held more than 30 business days of the initial request to hold/conservate funds. After 30 days, the held funds will be released for other account uses.

PROCEDURE (VI-I-5) REPORTING INFORMATION CHANGES TO THE TRUST FUND COORDINATOR

Status changes that affect a foster child's trust account will be coordinated between the IV-E/Medicaid Eligibility Unit and The Office of Fiscal Management- General Operations Section.

Status changes that affect a foster child's trust account must be submitted electronically or in writing and signed by the appropriate DCFS staff on CFS-376 (Authorization for Billing and Trust Account Action).

The Family Service Worker will report appropriate information to the Trust Fund Coordinator within 5 days of any of the following occurrences, which may effect the child's monthly benefit amount and/or SSI income payments:

- Placement changes **to** or **from** a detention or long-term care facility, Human Development Center, Mill Creek or run-away status.
 - When the child is placed in a contract or long-term care facility the FSW must ensure that the child receives his/her personal need funds.
 - To reinstate benefits, the FSW must make notification of return to DHS custody from the above placements.

- The foster child is adopted, reaches the age of maturity or is deceased.
- Errors are found on the Trust Report or on the Assets screen in CHRIS.

PROCEDURE (VI-I-6) MONITORING TRUST ACCOUNTS FOR ACCURACY AND COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

County Supervisors will:

- Supervise the trust account related work carried out by the Family Service Workers.
- Review and sign each approved CFS-334.
- Monitor trust account balances to ensure they do not exceed resource limits.
- Carry out any trust account related responsibilities delegated by their Area Managers.

Area Managers will:

- Monitor monthly Trust Reports for their DCFS service area, ensuring:
 - Compliance with state and federal resource limits
 - Accuracy of basic information (county placement, duplicate accounts, etc.)
 - Necessary actions by Family Service Workers
 - Reimbursement of board payments
- Monitor CFS-334's for duplicate, repeat or unusual purchases prior to submission to the Office of Fiscal Management – General Operations Section.
- Monitor reports of trust funds being held or conserved for action by county staff.
- Distribute monthly Trust Reports to all County Supervisors via email until electronic transmission is available.

The Foster Care Unit will:

- Distribute monthly Trust Reports upon receipt from the Office of Fiscal Management - General Operations Section or any contract facilities to Area Managers and the IV-E/Medicaid Eligibility Unit via email, until electronic transmission of these reports is available.
- Distribute reports of funds held/conserved upon receipt to Area Managers and the Trust Fund Coordinator via email until electronic transmission of this report is available.
- Forward copies of all overpayment requests received to the Trust Fund Coordinator within two business days of receipt.

The DCFS Assistant Director of Community Support will:

- Designate a team to conduct an annual internal audit of DCFS Trust Account activities.
- Audit results and/or actions will be drafted and presented to DCFS Executive Staff, the IV-E/Medicaid Eligibility Unit and the Foster Care Unit.

**PROCEDURE (VI-I-7) DHS OFFICE OF FISCAL MANAGEMENT -
GENERAL OPERATIONS SECTION TRUST ACCOUNT
RESPONSIBILITIES**

The DHS Office of Fiscal Management - General Operations Section will:

- Complete trust account deposits, withdrawals, holds, and closures within 10 business days of request by DCFS staff and/or Trust Fund Coordinator.
- Forward each CFS-334 needing correction or additional information to the Trust Fund Coordinator for corrective action. Any CFS-334 that is rejected due to incomplete documentation, lack of funds, or any other reason will be handled in the following manner:
 - If the form is returned due to insufficient funds in the trust account, the Trust Fund Coordinator will notify the appropriate county supervisor and forward the returned invoice to the DCFS Fiscal Officer further processing/instruction.
 - If the form is returned due to missing signatures, original/agency-generated Trust Account Invoice (CFS-380), insufficient documentation or the invoice was previously paid, the Trust Fund Coordinator will forward the form(s) to the appropriate county supervisor(s) for correction.
- Distribute the monthly Trust Reports (General, Dedicated, County, Balances at \$1,500, and Funds Held/Conserved) to the DCFS Office of Finance and Administrative Support Section, Foster Care Unit Manager and Trust Fund Coordinator by the 10th business day of each month. These reports will be distributed via email until electronic transmission is available.
- Forward requests to close trust accounts, appropriate documentation and a net refund check (minus outstanding obligations) to the Social Security Administration within 10 business days of receipt of request.
- Make corrections to the Trust Report information as directed by the Foster Care Unit Manager, Trust Fund Coordinator, or DCFS Personnel within 10 business days of receipt of request. This includes: merging duplicate accounts, correcting names and/or social security numbers, county codes, etc.

- In order to ensure continuing Medicaid eligibility, DCFS will provide Office of Fiscal Management (OFM) with a monthly report of SSI accounts exceeding \$2,000 along with a CFS-334 for payment of excess funds back to SSA.
- Process SSA Overpayment Requests and Trust Account Closeout Requests. These requests will be submitted to OFM on the CFS-379 (Closeout/Overpayment Notification). The DCFS Fiscal Officer or designees within that division will initial each form.
- Upon completion, OFM will forward copies of the CFS-379 (Closeout/Overpayment Notification) to the Trust Fund Coordinator. (When OFM transactions become available in CHRIS, this action will no longer be necessary.)

PROCEDURE (VI-I-8) CHRIS TEAM TRUST ACCOUNT RESPONSIBILITIES

The CHRIS Team will:

- Update CHRIS Asset screen information with monthly Trust Report data.
- Provide OFM with an electronic mechanism to review and approve prior to reimbursement for board payment from the trust account.
- Make corrections to CHRIS asset screens upon notification.
- Reimburse contract payments from trust accounts in the same manner currently used to reimburse board payments.

PROCEDURE (VI-I-9) IV-E/MEDICAID ELIGIBILITY UNIT / TRUST FUND COORDINATOR RESPONSIBILITIES

The Trust Fund Coordinator will:

- Assist DCFS staff with trust account related problems as needed.
- Assist DCFS with training its staff on new/revised trust account policies and procedures.
- Monitor Trust Report balances for compliance with state and federal resource limits.
- Monitor Trust Reports for accuracy (is the child still in care, duplicate accounts, incorrect Social Security Numbers, etc.).

- Monitor the monthly report of trust account funds being held or conserved pending action by the Family Service Worker.
- Forward requests for corrections on CHRIS Asset screens to CHRIS personnel for correction.
- Report the findings of its monthly monitoring of the Trust Reports to the Foster Care Unit, contract monitor, and appropriate DCFS personnel.
- Notify the Social Security Administration of changes in their recipient's status (excluding a request to close accounts) and also notify the IV-E/Medicaid Eligibility Unit.
 - In accordance with page 5 of the Social Security Administration's form SSA-8202-F6, status changes must be reported within 10 days after the month in which they occur.
 - Changes may be reported by –
 - Calling the Social Security Administration, toll free, at 1-800-772-1213.
 - Calling, writing or visiting the local Social Security Office.
- Review and forward each completed CFS-334 to the Office of Fiscal Management- General Operations Section within 5 business days of receipt.
- Review each CFS-334 returned by OFM for needed additional information/errors/etc., and coordinate with DCFS staff for corrected re-submission of the form(s) to OFM for processing.
- Review and forward requests to open, close, hold/release or update trust accounts/funds to the Office of Fiscal Management-General Operations Section electronically within 5 business days of receipt. Requests may also be submitted in writing with appropriate DCFS staff signature(s).
- Process Overpayment Requests received from social security. Overpayment requests and requests to close trust accounts will be submitted to OFM on the CFS-379 (Closeout/Overpayment Notification) with appropriate documentation.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
AUTHORIZATION FOR BILLING & TRUST ACCOUNT ACTION**

I. Client Information:

Child's Name _____ County: _____ DOB: _____

Race: _____ Sex: _____ Child's SSN _____ Medicaid Number _____

CHRIS Case: _____ Client ID: _____ Date Sent: _____

II. Funding Source:

☐ SSA ☐ SSI ☐ Child Support ☐ Other: _____

Amount: _____ Begin Date of Income Receipt: _____

III. Account Type:

☐ Regular Trust Account ☐ Dedicated Trust Account

IV. Authorized Services:

☐ Open Trust Account

☐ Contract Billing _____
Authorized Signature Date

☐ Request To Hold Trust Account Funds -

Amount to be held \$ _____ Purpose(s) _____

☐ Correct/Update Trust Account Information (Explain) -

☐ Close Trust Account -

Reason for Closure: _____ Closeout Date: _____
Forward Funds To: _____ Relationship: _____
Address: _____
City, State, Zip: _____

Prepared By:

DCFS Staff/Title Co. # Telephone Number Date

Authorized By:

DCFS County Supervisor Date

DCFS Area Manager Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

FACILITY TRUST ACCOUNT REPORT

(REPORT OF ACCOUNT BALANCES FOR DHS PLACEMENTS)

Child's Name	Social Security Number	Beginning Balance	Deposits	Expenses	Ending Balance

Name of Facility Reporting: _____

Facility Contact Person: _____

Contact's Phone Number: _____

Month & Year Reporting: _____

ROUTING INSTRUCTIONS: Every month, mail this form to -

Department of Human Services
Division of Children and Family Services
P.O. Box 1437, Slot S571
Little Rock, Arkansas 72203-1437

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
CHILD SUPPORT REFERRAL**

THE CHILD LISTED BELOW HAS BEEN PLACED IN THE CUSTODY OF THE ARKANSAS DEPARTMENT OF HUMAN SERVICES. PLEASE FORWARD ALL CHILD SUPPORT PAYMENTS TO:

**DHS FISCAL ADMINISTRATION FOR FOSTER CARE
P.O. BOX 8181
LITTLE ROCK, AR 72203-8181**

☐ OPEN ACCOUNT/CASE

☐ CLOSE ACCOUNT/CASE

CHILD'S NAME: _____ RACE: _____ SEX: _____

CHILD'S SSN: _____ DATE OF BIRTH: _____

PRIMARY COUNTY: _____ SECONDARY COUNTY: _____

PLACEMENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CUSTODY DATE: _____

(Attach copy of court order placing child into/out of DHS custody).

BIOLOGICAL PARENT INFORMATION (Complete only if opening a new account/case):

	MOTHER	FATHER
Name		
Social Security Number		
Date of Birth		
Race / Sex		
Address		
City		
State / Zip Code		
Home Phone Number		
Employer		
Work Phone Number		
Occupation		

Signature of Family Service Worker

Date

Telephone Number w/Area Code

**Arkansas Department Of Human Services
Division of Children and Family Services**

**CLOSE OUT/OVERPAYMENT NOTIFICATION
MEMORANDUM**

TO: _____ Accountant, Office of Fiscal Management, DHS
FROM: _____ Trust Fund Coordinator, IV-E and Medicaid Eligibility Unit
DATE: _____

Child's Name: _____ Client ID #: _____

Custody Begin Date: _____ Custody End Date: _____

REQUESTED ACTION:

- ☐ Close out Account (Please return funds after paying any outstanding invoice(s).)
☐ Overpayment Request for Funds: SSA Case Number _____

(NOTE: A CFS-334 FORM MUST BE COMPLETED TO GENERATE A CHECK FOR AN OVERPAYMENT).

Return Account Balance To: SSA ☐ OCSE ☐ Parent/Guardian ☐ Child ☐

Relationship To Child: _____

Name: _____

Address: _____

City, State, Zip: _____

☐ Statement of Accounting Period From: _____ To: _____

Special Instructions: _____

☐ 458 (Treasury) ☐ 458 (Savings) \$ _____

☐ Regular Request ☐ Emergency Shelter ☐ Emergency Medical ☐ Emergency Travel

☐ Priority Request

PROGRAM SUPPORT USE ONLY:

Date Received _____

Date Processed _____

Initials _____

CC: Trust Resolution Coordinator – IV-E/Medicaid Eligibility Unit / SLOT S571

**Arkansas Department of Human Services
Division of Children and Family Services
TRUST ACCOUNT INVOICE**

Vendor Name: _____
Address: _____

GOODS, SERVICES AND/OR ASSISTANCE PROVIDED:

Description:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(NOTE: FOR MORE LINES USE ANOTHER CFS-380)

Total Payment

Signature Client/Provider/Vendor: _____ Date: _____

Official Title: _____

DHS Authorized Signature: _____ Date: _____

Official Title: _____

Required Supporting Documents and Submission Instructions:

Mail this completed form and the required documents to:

**Department of Human Services
General Operations Section, Purchase Orders
P.O. Box 8068, Slot W406
Little Rock, AR 72203-8068**

**Arkansas Department of Human Services
Division of Children and Family Services
FINANCIAL / MEDICAL PLAN
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN**

Child's Name _____ Date of Birth _____
(SEPARATE FIN. / MED. PLAN IS REQUIRED FOR EACH CHILD)

Social Security Number _____

Placement Resource _____
(A SEPARATE FINANCIAL / MEDICAL PLAN IS REQUIRED FOR EACH PLACEMENT RESOURCE)

(COMPLETE PLACEMENT RESOURCE ADDRESS)

The child above ☐ is OR ☐ is not Title IV-E eligible. [IF ELIGIBLE, ATTACH VERIFICATION]

I. FINANCIAL PLAN [COMPLETE EITHER Part A OR Part B]

A. The child will be placed outside of Arkansas: [CHECK ONLY ONE BOX]

☐ in foster care OR ☐ with relative(s)

The placement resource is: [CHECK ONLY ONE NUMBER]

- _____ 1. Financially able and willing to support this child.
- _____ 2. Planning to apply for financial assistance in the receiving state.
- _____ 3. An approved foster home. The foster home will be eligible for a monthly board payment of \$ _____ from Arkansas.

B. The child will be placed outside of Arkansas with [CHECK ONLY ONE BOX]

☐ parent(s) OR ☐ adoptive parent(s) OR ☐ relative(s) OR ☐ others

This placement resource is: [CHECK ONLY ONE NUMBER]

- _____ 1. Financially able and willing to support this child.
- _____ 2. Planning to apply for financial assistance in the receiving state.
- _____ 3. Entitled to receive adoption subsidy payments from Arkansas.

II. MEDICAL PLAN [CHECK ONLY ONE NUMBER]

- _____ 1. The child is eligible under the COBRA Act to receive a medical card from the receiving state.
- _____ 2. Placement resource in the receiving state is willing to provide medical coverage for this child.
- _____ 3. Placement resource is expected to apply for medical coverage for the child in the receiving state.
- _____ 4. The child is not Title IV-E eligible and will reside in foster care or with a relative. Arkansas will be responsible for payment of medical bills.

NOTE: If the placement resource is not eligible to receive financial assistance for the child in the Receiving State or becomes unable to financially provide for this child's needs, the placement plan will be revised. Arkansas has ultimate responsibility for meeting the child's financial and medical needs. If placement fails, Arkansas will pay to have the child returned to Arkansas.

Family Service Worker Signature

Date